STANDARD CERTIFICATE OF DEATH  SIZE PLACE OF DEATH  REC. DIST. NO. 141  PRIMARY REC. DIST. NO. 1622  Registrar's No. 5155  REC. DIST. NO. 1622  Registrar's No. 1622  Registrar'	•	" WIEN DEC 33	7 1950	THE DIVISION OF H			4	1040
BIRTH MO				STANDARD CERT	FICATE OF DE	ATH		LUMU
1. PLACE OF DEATH  a. COUNTY A. C. SON  D. CITY (II contains corporate Ballow, with BYRAL and ether)  D. CITY (II contains corporate Ballow, with BYRAL and ether)  D. CITY (II contains corporate Ballow, with BYRAL and ether)  D. C.		BIRTH NO.		REG. DIST. NO. 149	_ PRIMARY REG. DIST	4	•	5155
1. S. CITY (II emitted components links, write BURNAL and derive forwards) STAY in this between the components of the co			-		2. USUAL RESI	DENCE (Where deces	sed lived. If inst	itation: rusidence before
TOWN ANJAY TY VERMENDERS TRY IT his beautiful or institution, give very legs, address or beautiful or institution. Give very legs, and institution. Give very legs, and institution. Give very legs. Give very legs of the property of the part		a. COUNTY	A CKS	0 N	II A STATE A.A	<u> </u>	. COUNTY	ACKSON
DECEASED OF CRITERY  OF DECEASED OF CRITERY  OF COLOR OR RACE  INSTITUTION 3 6 16 HOLMES TREET  OF CRECEASED  OF CRITERY  OF CRECEASED  OF CRITERY  OF CRECEASED  OF CRITERY  OF CRECEASED  OF CRECEASED  OF CRITERY  OF CRECEASED  OF CRECEASED  OF CRITERY  OF CRI	9 F.	11 ' UR I /	orporate limite, write	RURAL and give   C. LENGTH C			AL and give towns	ıdını (eldi
1.   1.   1.   1.   1.   1.   1.   1.	1		VSAI (	ITY STEARS	TOWN	NSAS	ITY	
Type or Prival   The ORGE   The Organization   Th		II HOSPITAL OR 2		, C,	ADDRESS > /		. I .	DEETO
5. SEX   6. COLOR OR RACE   7. MARRIED, INVESTIGATION   10. LIVING CORD OR RACE   10. LIVING CORD OR RACE	Ì	3. NAME OF DECEASED			c. (Last)		(Month)	
S. S. S. S. S. C. COLDR OR RACE    MANUALE			GEO RG	E WASHINGTO	NTAVLO	OF DEATH	$\mathbf{\Lambda}$	
10a. USUAL OCCUPATION (Citys blad of row)   10b. KIND OF BUSINESS OR IN-   10a. USUAL OCCUPATION (Citys blad of row)   10b. KIND OF BUSINESS OR IN-   10b. USUAL OCCUPATION (Citys blad of row)   10b. KIND OF BUSINESS OR IN-   10b. USUAL OCCUPATION (Citys blad of row)   10b. KIND OF BUSINESS OR IN-   10b. METHOD OF BUSINESS OR IN-   10b. KIND OF BUSINESS OR IN-   10b. K	ļ	5. SEX / 6.	COLOR OR RAC	E 17. MARRIED, NEVER MARRIED.	I B. DATE OF BIRTH	9. AGE o	In years IF DICES !	YEAR # CHOEN M HES.
IDB. ISUAL OCCUPATION (CITY IN INCIDENT CONTINUES OR IN-   OBSERT ACTION (CITY IN INDICATION COUNTRY)   IDB. KIND OF BUSINESS OR IN-   OBSERT ACTION (THE PROPERTY OF COUNTRY)     IDB. TITY IN INCIDENT COUNTRY OF COUNTR	-	MALE		- WIDOWED Y	FEB.22.	1876 74	MORY) MONTHS	Days Hours Min.
State of the property   State   Stat	l	10a. USUAL OCCUPATIO	ON (Give kind of wo	10b. KIND OF BUSINESS OR IN	- 11. BIRTHPLACE (Bu	te or foreign country)	7 1	12. CITIZEN OF WHAT
Is. WAS DECEASED EVER IN U. S. ARMED FORCEST   16. SOCIAL SECURITY   17. INFORMANT'S SIGNATURE OR NAME GIFT ADDRESS   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF CONDITION   18. CAUSE OF CONDITION   18. CAUSE OF CONDITION   18. CAUSE OF CONDITION   18. CAUSE OR	l			I I Lane I Lane	1 1///	ELD KEN	TUCKY	(). \$. A.
S. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY (Yen, no. or yukknown) (If yen, elve was or dates of service)   16. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. NO. N. E.   17. INFORMANT'S SIGNATURE OR NAME (6/6-HOLWES ST. N. INFORMANT (6/6-HOLWES ST. N. INFORMATION (11/6-HOLWES SIGNATURE OR NAME (6/6-HOLWES	١	13a. FATHER'S NAME		13b. MOTHER'S MAID	N NAME	14. NAME OF HU	BANG-OR WIFE	
NO. NE   NE   NE   NE   NE   NE   NE   NE	l		J. / A Y		ATLETT			AYLOR
18. CAUSE OF DEATH   Enter only opeciation per   Iline for (a), (b), and (c)	l	I5. WAS DECEASED EVE   (Yee, no, or, unknown)   (If	R IN U.S. ARMEI yes, give war or dat	D FORCES?   16. SOCIAL SECURIT		S SIGNATURE O	R NAMES 6/	AND ADDRESS
Enter only one onless per line for (a), (b), and (c)  "This does not mean the distance of dring, such as heart failure, athenda, de. It means the distance of dring, such as heart failure, athenda, de. It means the distance of dring, such as heart failure, athenda, de. It means the distance of dring, such as heart failure, athenda, de. It means the distance on the distance of dring failure, athenda, de. It means the distance on the distance of the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITION  12a. DATE OF OPERAT  17ION  12b. MAJOR FINDINGS OF OPERATION  21c. In or aboust 12c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Moosth) (Day) (Year) (Bour) 21e. INJURY OCCURRED WORK AT WORK AS WORK AT WORK AT WORK AS WORK AT WORK AS WO	Į			NONE	CHARLES /	V. IAYLOR	_ KANSA	AS CITY MA.
*This does not mean the discussion of dring, such as heart failure, authente, dec. It means the discussion which caused death.    Morbid conditions, if any, piving DUE TO (b)   Security			I. DISEASE OR	CONDITION	CERTIFICATION	-40.		INTERVAL BÉTWEEN ONSET AND DEATH
The mode of dyring, such as heart failure, archemia, to the above cause (a) stating the underlying cause last.   It made to the above cause (a) stating the underlying cause last.   DUE TO (c)   III. OTHER SIGNIFICANT CONDITIONS		line for (a), (b), and (c)	DIRECTLY LEA	ADING TO DEATH*(a)	ucery xe	astria	30	
DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Browley) 21b. PLACE OF INJURY (e.g., to or about) 31c. INTER SIGNIFICANT CONDITIONS  21c. (CITY, TOWN, OR TOWNSHIP)  21d. TIME (Month) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR?  21d. How DID INJURY O				<i>(2)</i>	mal 1	07.1	1 -	ļ
case, Injury, or complication which caused death.  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDET SUICIDET HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 19a. DATE (Specify) 21d. Injury  2	I		Morbid condition	ons, if any, giving DUE TO (b)	ninuiza i	enenisco	au.	
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK  21f. HOW DID INJURY OCCUR?  22l. I hereby certify that I attended the deceased from MILITATION ROT WHILE  22l. AT HORE CONTRIBUTION OF THE COUNTY OF THE CAUSE AND ANDRESS  23a. SIGNATURE GOO. Kealhofer (Degree or title)  23b. ADDRESS  24c. NAME OF CEMETERY OR CREMATORY  15c. FUNERAL DIRECTOR'S SIGNATURE  25c. FUNERAL DIRECTOR'S SIGNATURE	l	etc. It means the dis-	the underlying o	aus tus.	*-		•	
Conditions contributing to the death but not related to the disease or condition causing death.   19a. DATE OF OPERA- TION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   21a. ACCIDENT SUICIDE   21b. PLACE OF INJURY (e.g., to or about SUICIDE   HOMICIDE   21b. PLACE OF INJURY (e.g., to or about SUICIDE   HOMICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Moath) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?   18d. I last saw the deceased alive on			II. OTHER SIGN		<del></del>	<del></del>		4 17 1
19a. DATE OF OPERA-   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   YES   NO     21a. ACCIDENT   SUICIDE   SUI	I		Conditions cont	ributing to the death but not		`		N C
TION  21a. ACCIDENT (Bpecity) 21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE NOW HILE WORK AT WORK  22. I hereby certify that I attended the deceased from 19 , 19 , that I last saw the deceased alive on 19 , and that death occurred at 9:30 A. m., from the causes and on the date stated above.  22a. SIGNATUREGOO. C. Keelhofer (Degree or title) 22b. ADDRESS  22c. DATE SIGNED  22d. BURIAL CREMA- 12d. BATE 12d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  12-6-50 SIGNATURE  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  21d. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  22f. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  22f. MAN J. A.		19a. DATE OF OPERA-						20. AUTOPSYZ
21a. ACCIDENT SUICIDE    21b. PLACE OF INJURY (e.g., in or about SUICIDE   21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY   21e. INJURY OCCURRED OF INJURY OCCUR?    22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 2:30A m., from the causes and on the date stated above.    23a. BIGNATUREGEO. C   Kealhofer   (Degree or title)   23b. ADDRESS   23c. DATE SIGNED	li	TION						
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  22f. How Did	ı	21a. ACCIDENT	(Specify)	215. PLACE OF INJURY (e.g., in or about	21c. (CITY, TOWN, O	R TOWNSHIP)	(COUNTY)	
22. I hereby certify that I attended the deceased from		HOMICIDE		home, farm, factory, street, office bldg., etc.	<b>'</b>	•		
22. I hereby certify that I attended the deceased from	l	21d. TIME (Month)	(Day) (Year)		21f. HOW DID INJUR	Y OCCUR?	<del></del>	<del></del>
alive on	ı	เหมับ์RY		WHILE AT NOT WHILE WORK	]   .			
alive on		2. I hereby certify t	hat I attended	the deceased from	19 to		that I last	saw the deceased
248. BURIAL. CREMA: 246. BATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State)  13. PALA O DEC-6-1950   FORESTHILL CEMETERY   ANJAS CITY MISSOURI  DATE RECT BY LOCAL REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR'S SIGNATURE   331. ADDRESS H. CREMATORY   25. FUNERAL DIRECTOR'S SIGNATURE   13.31. ADDRESS H. CREMATORY   25. FUNERAL DIRECTOR'S SIGNATURE   13.31. ADDRESS H. CREMATORY   13.31.		alive on	, 19_		9:30A. m., from			
24a. BURIAL, CREMA- 24b. BATE   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Speedity)  BURIAL A DEC-6-1950 FORESTHILL CEMETERY KANJAS CITY MISSOURI  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  REG. 12-6-50 A SIGNATURE  12-6-50 A SIGNATURE  NAME OF CEMETERY REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR'S SIGNATURE  1331. BRUSH CREMATORY  NAME OF CEMETERY RANGE OF COUNTY MO.		234 SIGNATURES	eo. CynKe	alhofer (Degree or title)	23b. ADDRESS	, .	, , 1	23c. DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE    12_6_50   Corestitute   25. Funeral director's signature   331. DRUSH CREEN   12_6_50   Many   Ma	l	Mus Cosse	ally.				C->141	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  12-6-50 Melaldine Holmes DA Melesantis Long NANGAS CITY MO.		24a. BURIAL, CREMA- TION, REMOVAL (Breedly)	DEC-6-/	- IT // ·	7k	ANIA 1	/, town, or count	7
12-6-50 Blistding Holmes Wh Helbernen Abng KANSAS GITY MO.	ľ		REGISTRAR'S	SIGNATURE	25. FUNERAL DIRE	CTOR'S SIGNATURE	1331.45	POST COFFE
(Licensed Embalmer's Statement in Reverse Side)	L	12-6-50	Allra	Edine Holmes	Wh. Hewes	mer sons		3 CITY MO.
	_		, — <u> </u>	(Licensed Embalmer's	Statement In Reverse Si	ide)		

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of thi	ais certificate was embalmed by me, or by	**************
	•	
vorking under my personal supervision.	Student Embalmer No	• • • • • • • • • • • • • • • • • • • •

Signed Server & Barrey

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

Licensed Embalmer No. 4250

If this body is not embalmed, fact should be so stated above.